

PERMANENT SIGN PERMIT

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

LEGAL DESCRIPTION: LOT NUMBER: _____ SUBDIVISION: _____

PURPOSE: _____ VARIANCE: _____ YES _____ NO _____ ZONING DISTRICT: _____

NOTE: THIS PERMIT IS TO BE FILED WITH THE CITY ENGINEER'S OFFICE, ACCOMPANIED BY A COMPLETE SET OF A PLOT PLAN SHOWING LOT DIMENSIONS, POSITION OF BUILDING, EXISTING SIGNAGE, POSITION OF PROPOSED SIGN, COMPLETE WITH DIMENSIONS, AND DRAWN TO SCALE. REFERENCE: CHAPTER FOUR, UNIFIED ZONING ORDINANCE, TIPPECANOE COUNTY, 6-65.

AREA OF SIGN #1 PER FACE: _____ HEIGHT OF SIGN: _____

AREA OF SIGN #2 PER FACE: _____ HEIGHT OF SIGN: _____

MINIMUM SETBACK REQUIRED: FRONT: _____ SIDE: _____

PROPOSED SETBACK: FRONT: _____ SIDE: _____

SIGN ATTACHED TO BUILDING: YES _____ NO _____ IF YES, PROJECTION ABOVE BUILDING: _____ FT.

ILLUMINATED: YES _____ NO _____ IF YES, UL LISTING NUMBER _____
ILLUMINATED SIGNS REQUIRE AN INSPECTION WHILE SIGN IS STILL OPEN

PROJECT COST: _____

OWNER'S CERTIFICATE

I hereby certify that the sign, or signs, will be used for the purpose listed above in accordance with the UNIFIED ZONING ORDINANCE FOR TIPPECANOE COUNTY, INDIANA. Engineer's office must be contacted for final approval. Sign must be installed within one year of issuance of permit.

Owner (Signature) _____

Owner Address _____

Owner (typed or printed) _____

Date _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ FEE: _____ PERMIT NO: _____

PERMANENT SIGN PERMIT APPROVED: _____ DATE: _____

DATE OF FINAL INSPECTION: _____

FINAL APPROVAL ISSUED: _____ DATE: _____

CONDITIONS: _____

SIGN PERMIT NUMBER: _____